

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/594459

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		1	1			
4		3	1			
5		3	1			
6		3	1			
7		1	1			
8		1	1			
9		1	1			
10		1	1			
11		1	1			
12		1	1			
13		1	1			
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TOTAL IND.	2		2			
TOTAL DEP.	15	←	13	←		←
TOTAL CLAIMS	17		15			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.				↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						